

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	42					
TOTAL CLAIMS	45					

CLAIM NO.	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51							/	
52							/	
53							/	
54							/	
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58							/	
59							/	
60							/	
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75							/	
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77							/	
78							/	
79							/	
80							/	
81							/	
82							/	
83							/	
84							/	
85							/	2
86							/	
87							/	
88							/	
89							/	
90							/	
91							/	
92							/	
93							/	
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96							/	
97							/	
98							/	
99							/	
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

-1-(contd)

10/005/896

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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102			/			
103			/			
104			/			
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148						
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150						
TOTAL IND.			4			
TOTAL DEP.			53			
TOTAL						

57

-2-(cont'd)

	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.
/51				
/52				
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/97				
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/99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL				